



VETERINARY DECLARATION OF HEALTH FORM

Please fill in required fields as marked *

After filling in form - print and fax to:

Scone Reception: +61 2 6544 3232

Surgery Direct: +61 2 6544 3233

ICU Clovelly Direct: +61 2 6545 1436

or email to: consents@sconeequine.com.au

HORSE'S NAME:

BRANDS NS:

OS:

COLOUR:

SIRE:

DAM:

DOB / YEAR:

SEX:

MICROCHIP NO:

DEPARTURE DATE:

FLOATING COMPANY:

PROPERTY DEPARTING FROM:

ADDRESS:

FAX:

EMAIL:

PHONE:

HAS THE HORSE BEEN VACCINATED FOR HENDRA:

IF YES DATES:

I have today examined the above described horse on the property detailed above, prior to it travelling to Scone Equine Hospital.

I found the horse to be free of symptoms of infectious disease and its temperature is within normal range.

The horse does not exhibit any known symptoms of Hendra Virus.

I confirm that the horse has been resident on this property for at least 21 days.

* SIGNED

* DATE

* TIME

* PRINT NAME

* VETERINARY REGISTRATION NO

PRACTICE

ADDRESS

Scone Equine Hospital

106 Liverpool Street Scone NSW 2337
PO Box 280 Scone NSW 2337
T +61 2 6545 1333 | F +61 2 6545 2903
info@sconeequine.com.au
www.sconeequinehospital.com.au

SEH Intensive Care Unit | Clovelly

St Aubins Street Scone NSW 2337
PO Box 280 Scone NSW 2337
T +61 2 6545 1433 | F +61 2 6545 1436
icu@sconeequine.com.au
ABN 69 138 546 595

SEH Denman

26 Ogilvie Street Denman NSW 2328
PO Box 41 Denman NSW 2328
T +61 2 6547 2222 | F +61 2 6547 2887
denman@sconeequine.com.au

SCONE EQUINE GROUP

Veterinary Excellence